

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

PCT/US 99/25021

International application No.

(27.10.99)

27 OCT 1999

Date stamp of the receiving Office

Applicant's or agent's
file reference**PF-0625 PCT**Applicant
INCYTE PHARMACEUTICALS, INC.**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE

240.00 **T**240

2. SEARCH FEE

1,002.00 **S**1,002International search to be carried out by **ISA/EP***(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FEE

Basic FeeThe international application contains **85** sheets.

first 30 sheets

455.00 **b₁**455**55** x **\$10.00** =**550.00** **b₂**550

remaining sheets additional amount

Add amounts entered at b₁ and b₂ and enter total at B**1,005.00** **B**1,005**Designation Fees**The international application contains **all** designations.**10** x**105.00** =**1,050.00** **D**1,050

number of designation fees amount of designation fee payable (maximum 10)

Add amounts entered at B and D and enter total at I

2,055.00 **I**2,055*(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)*

4. FEE FOR PRIORITY DOCUMENT (if applicable)

15.00 **P**15

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

3,312.003,312**TOTAL**☐ The designation fees are not paid at this time.**MODE OF PAYMENT**☒ authorization to charge
deposit account (see below)☐ bank draft☐ coupons☐ cheque☐ cash☐ other (specify):☐ postal money order☐ revenue stamps**DEPOSIT ACCOUNT AUTHORIZATION** (this mode of payment may not be available at all receiving Offices)The RO/ **US** ☒ is hereby authorized to charge the total fees indicated above to my deposit account.☒ (this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.☒ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.**09-0108****27 Oct ber 1999**

Signature

Deposit Account Number

Date (day/month/year)